



APPLICATION FOR LICENSE

City of Crystal

4141 Douglas Drive N, Crystal, MN 55422

Telephone: 763-531-1000 / Website: www.crystalmn.gov

Deaf and hard of hearing callers may call Minnesota Relay at 711.

PLEASE PRINT CLEARLY

Applicant's Name:	Fee:*(0100-4191)	\$100.00
Home Address:	Home Phone: ()	
City/State/Zip:	Cell Phone: ()	
Business Name:	Business Phone: ()	
Doing Business As:	Email:	
Business Address, including zip code:		
MN Tax ID #: <small>(NOTE: you must provide a copy of the confirmation letter from the State.)</small>	Federal Tax ID #:	
If a Minnesota Tax ID number is not required, please explain here and provide your social security number:		

I enclose the sum of one hundred and 00/100 dollars to the City of Crystal as required by the Ordinances of said City and have complied with all the requirements of said Ordinances necessary for obtaining this License.

I hereby make application to **OPERATE A TREE TRIMMING SERVICE** in the City of Crystal for the period _____ through December 31, 20____, subject to all conditions and provisions of said Ordinance.

ADDITIONAL REQUIREMENTS

1. Tree Trimmers Supplemental Form
2. \$2,500.00 Bond and Insurance
3. List of subcontractors (if applicable)

The information in this Application For License is true and complete to the best of my knowledge.

Signature of Applicant

Date

*Fee: *If exempt, fill out Licensing Fee Exemption Form*

APPLICATION FOR LICENSE INVOLVING PRIVATE OR CONFIDENTIAL INFORMATION

(Includes Tennesen Warning)

Under Minnesota law (M.S. 270.72), the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number or the Social Security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency will supply this information only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- Failure to supply this information may jeopardize or delay the issuance of your license or the processing of your renewal application.

(ALSO FILL OUT REVERSE SIDE OF THIS FORM.)

City Use Only:	JDE# _____	Date Entered: _____
	PIMS ID# _____	Council Date: _____

**CITY OF CRYSTAL
TREE TRIMMERS SUPPLEMENTAL FORM
MOTOR VEHICLES TO BE OPERATED**

State License Number	Serial Number	Make	Year	Name of Owner

Name any city or other governmental licensing authority which has issued or refused to issue your firm a tree-trimming license or which has revoked or suspended such a license issued to you. If the license was revoked or suspended, state reason for that action.

City	Date Applied For License	Date Issued	Date Refused	Date Revoked/ Suspended*

*Explanation of Revocation/Suspension:

SUBCONTRACTORS

Name & Company Name	Address
1.	
2.	
3.	

EXPERIENCE

(This section for new applicants only)

Summarize applicant's training, experience or special qualifications in the field of tree trimming:

List six (6) persons for whom you have performed tree-trimming services within the last 12-month period preceding the date of this application:

Name	Address
1.	
2.	
3.	
4.	
5.	
6.	

Applicant agrees and understands that the issuance and tags can be used only by him or his firm. Any violation, misrepresentation, or falsification on above application will result in forfeiture and loss of consideration for said license.

Date

Applicant's Signature



4141 Douglas Drive North, Crystal, MN 55422
Telephone: 763- 531-1000 / Website: www.crystalmn.gov

PERMIT FOR ROAD CLOSURE

*Complete this form and email to Engineering Project Manager, Mick Cyert
at mick.cyert@crystalmn.gov*

Pursuant to Crystal City Code Section 802.15, Permit Requirement, AND Pursuant to power granted to the Crystal city engineer or agents acting under the city engineer’s authority by the Crystal City Council,

The following business or person(s):

Company Name: _____

Street Address: _____

City, State, Zip: _____

Responsible Person: _____

Business & Emergency Phones (with area codes): _____ / _____

Fax Phone (with area code): _____

Request a permit for the purpose of: _____

Permission is requested to close _____

(location)

from _____ at _____

(date of closure)

(anticipated time of closure)

to _____ at _____

(date of reopening)

(anticipated time of reopening)

Date of Application

Applicant’s Signature

CITY USE ONLY:

Date Permit Granted

Authorized Signature

cc: City Engineer, City Forester, Fire Dept, Police Dept, Streets Dept, Front Desk



City of Crystal
4141 Douglas Drive N, Crystal, MN 55422
Telephone: 763- 531-1000 / Website: www.crystalmn.gov
Deaf and hard of hearing callers may call Minnesota Relay at 711.

MEMORANDUM

TO: Tree Trimming Contractors
FROM: Engineering Project Manager Mick Cyert
RE: Permit for Road Closure

Dear Licensee:

In the past, the City of Crystal has become aware of streets closed by contractors with no notice to or permission from the City. Crystal City Code Section 802.15 (see enclosure) explains in detail the need for anyone closing a road to first obtain permission. The City enforces this code in an attempt to head off any conflict with emergency vehicles.

In order to obtain a permit, please complete the Permit for Road Closure form and return to Crystal City Hall a minimum of 24 hours prior to the requested closure. In order to help expedite your request, please include a return fax number, including area code. City staff will either fax or mail the permit back to the applicant. Normal permit fees will be waived.

If you have any questions, please call me at (763) 531-1161. Thank you.